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Original Communications.

SURGICAL OPERATIONS WITHOUT PAIN—  
WHOSE IS THE GLORY OF THE DIS-  
COVERY?

Communicated for the Boston Medical and Surgical Journal by CHARLES KIDD, M.D., London, England.

I FEEL that a few words of vindication of the American school of medicine are loudly called for at the present time by the students of anæsthetics.

The lamented illness and death of Professor Simpson, in May, at Edinburgh, has brought up again (as it was sure to do) the claims of America to the discovery of "etherization" or practical anæsthetics: one would say *practical* anæsthetics, with the subsequent improvements in surgery consequent on surgical operations without pain; *e. g.* ovariotomy, excision of joints, reduction of old dislocations, cure of traumatic tetanus, puerperal convulsions, cure of strangulated hernia, &c. The real honor of the application of anæsthetics belongs of course to America. The January number of the *Medical Review* for 1847 had a remarkable postscript signed by Sir John Forbes, announcing the discovery as having taken place in the previous November; but when one finds, of late, in England, in the newspapers, nearly all the facts misrepresented, it is only fair to the cause of scientific truth that some protest be entered, though one does so with a feeling of unpleasantness towards public, literary guides, very alien to one's natural wish.

A somewhat unfair advantage has been taken of America, of late, in England, though the movement has not been shared in by men of larger and more generous minds. The names of Morton and Wells have been carefully ignored, as to anæsthetics, and in the majority of public journals all the glory, or the entire credit, of surgical operations without pain, has been given to Professor Simpson. Six or ten clannish Scotchmen, aided by the Lord Provost of Edinburgh—the well known proprietor of *Chambers's Journal*, who can

alone, if so willing, wield the entire press of England and Scotland—have written the name of Simpson up to Robert Burns empyrean of their own, sedulously taking care, especially in medical journals, not to hear the opposite side of the question.

One admires the remarks of your journal that beneath the funeral pall which covers the bier of poor Simpson we must hide all differences, all earthly competition. But will the uncompromising logic of facts agree with the pronouncement of Clymer, Otis, and others, of America, that ether is inferior to chloroform, and all the glory is due to the late Professor Simpson? One would be inclined to go long way with the writer "*In nomine*" in your Journal, as to the absolute virtue of ether as superior to chloroform. It is, however, an eminently clinical subject, and not one to be settled by the abstract ideas of a young chemist like Dr. Murray, who writes in the *British Medical Journal*, and never permits chemical fancies or ideas to be corrected by absolute hospital facts. Cases of death from ether have been denied in the Boston Society Report.

We must, however, recall the cases quoted by Sabarth, and also the general admission that death may occur from ether, though slowly and by intoxication; not like chloroform, quick as a flash of lightning, without signs of intoxication; but it is nearly impossible that this or any other problem in anæsthetics can now be worked out in English medical journals.

A too credulous public, controlled, or in the hands of those who can only see any true virtue in Simpson's discoveries, or voltaic narcotism, or coagulation of the blood by escape of ammonia, methyl-ethylidic ether, &c., or in the press of M. Emely, where the facts as to Morton and Simpson are reversed, ignores America as a cardinal point of public probity. The death of poor Lady Simpson last month, our Harveian oration in June, friendly Scotch meetings at the Duke of Sutherland's to get up a gorgeous testimonial to Simpson, all tend to keep up a painful feeling of unnecessary excitement against American claims. But

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surely all this will not satisfy or prevent the relentless finger of history from claiming for the stars and stripes some of the credit due to Morton; we make no sign at the death of poor Syme or the Earl of Clarendon, but popular innocence must be encouraged that as to anaesthetics America can have no claim.

It is not my purpose to enter into the history of anaesthetics; this has been done by Snow, by Lallemant, Perin and Duroy, Sabarth and others, and recently set abroad in a way of his own, taken out of these books, by an ever glowing rhapsodist in the *Lancet* and *Medical Times*, and in London newspapers: the public and professional mind has been unhappily mystified "up to the top of its bent," until, at last, it is a part of English history—like Runnymede or Wat Tyler—that to Simpson and Scotland all the glory of anaesthetics is due, let America vaunt as she pleases. "There was a heart in Surros that was impressed with the great evil of pain," says our rhapsodist in the *Lancet*,\* "and gave him a pleasure in relieving it, and it would be difficult to decide to what extent the credit of his discovery of the great anaesthetic (chloroform) was due to the energy of his mere humanity." And again, "the discovery at once wafted him to a height of fame parallel, if not superior, to that of Harvey, of Jenner, of Hunter or of Bell. Those indeed who questioned his right to the honor of discoverer only betrayed their incapacity to take the soundings of his intellect; few men have possessed, in equal measure with himself, the combined strength and nimbleness of faculty by which alone Proteus is to be fettered. Few could so wrestle with the fleeting spirit of science, and refuse to let it go till, like Jacob of old with the angel, he had wrung from it a blessing." "Since the days of Sir Walter Scott, we doubt if there was a Scotchman who commanded so much hearty and loyal affection from all grades of the people. His house was a sort of metropolitan Abbotsford, the daily luncheons, &c." And then he is likened to Prospero, and Ariel and Puck, now on account of his power over the living elements, then in "diplomacy and intrigue of the present." The *Times* newspaper added the rather astounding statement, that all this was short of the truth, for Simpson had used, to their positive knowledge, chloroform in midwifery in 1844, long before some obscure Americans had revived an idea of Sir Humphry Davy as to ether in 1847, or 1846.

The well known writer of most of these glowing adumbrations, showed at one time in tooth-drawing, if by a severer shock of electricity through the dental nerves, the mind was taken off from the actual pain, the actual pain as a logical sequence disappeared, the attention being so taken off;—in other words, you were relieving the latter pain;—and those who questioned the right of this to be considered as a discovery of great value only betrayed their incapacity to take the soundings of electric science, and this new phase of it, termed voltaic narcotism; this wonderful Proteus, of combined strength and nimbleness, only thus to be fettered! These authorities, who thus see all the originality as to anaesthetics in the simple fact that Floreens had been using chloroform for a twelvemonth before Simpson, and that this fact was known to Simpson, and was directly suggested and recommended in one Protean form or another to him by Dr. Formby, Mr. Waldie, or Jacob Bell—these authorities, who must know that Simpson was not at all the originator of the use of chloroform, trust yet to the great national spirit of Scotland, and rest satisfied with the after-dinner self-adulation speeches of Edinburgh aldermen to assure the world that Simpson alone, like Jacob of old wrestling with the angel, had himself grasped the great secret from nature, wafting him to a height of fame superior to that of Harvey, Jenner, Hunter, &c. Nay, moreover, they state that nitrous oxide, the wild dream of some Americans, was like other American pretensions, vulgar and common-place, and not to be tolerated for a moment when compared to voltaic narcotism, or methyl-ethyl-ether! Yet all these general and rather dogmatic formulae of the chemical laboratory, as it strikes practical men, require the correcting influences of hospital experience. But the English medical journals referred to—as, in the American war or rebellion, and fitting out of Alabama ships, &c., they defended one side—now sanction all this reversal of history, as Simpson's great name is opportunely on the "crest of the wave."

But it is really not a question of popularity at all, or struggle with angels in a Tam O'Shanter empyrean, Proteus or Puck, of after-dinner speeches, carefully preserved in the *Lancet*, or other weekly prints, that climb the "crest of the wave," one day with Alabama invasions, the next with voltaic narcotism, or Simpson equal to Harvey.

It need scarcely be said, that previous to 1846, when Morton and Jackson introduced the administration of ether vapor, to destroy

\* The *Lancet*: May 14, 1870.

the pain in surgical operations, the scenes for hundreds of years in operating theatres were, or had been, of the most heart-rending, hideous kind; excisions of the knee, for instance, which analogy led surgeons to approve, were given up on account of the prolonged agony. The chief Dublin surgeon of that day related that he tried the operation; but having to get four men to hold the poor writhing, shrieking child, in her horrible torture, and prolonged sawing and carving and cutting alive, he gave up the operation in despair; and so of ovariotomy, it was amongst the operations that, even after the discovery of ether inhalation, was interdicted at our Paddington Hospital, and an action for homicide was threatened against the obstetric surgeon, if he dared to undertake it and the patient should have died.

The Greeks say Alexander the Great marched triumphant over the world back to—chaos; so is it in some degree of those few writers, now chiefly the conquering advocates of voltaic narcotism, ether spray, methyl-ethylie ether, &c., who are exploring or marching over the great field of anaesthetics, and reverting to this region of surgical chaos; not in order to recognize or thank Morton and Jackson, but to place Simpson at this "height of fame parallel, if not superior to that of Harvey, Jenner," &c. The Americans, we are told, "are the most childishly sensitive" in making any claim for Morton, and we are treated to a disquisition in the *Lancet* on the anodyne draughts of the ancient Greeks, the supposed virtue of mandragora and to the narcotic or anaesthetic wonders "shown by ourselves in 1854, possessed by the lycoperdon or puff ball" for stupefying bees when exposed to its fumes, though the recognized Hand Book on Bees in England, says the fumes of burning rags, or fustian, is a better narcotic still (containing carbonic oxide).

All ethical propriety or honesty seems lost at present. Morton's name is carefully ignored, the story of the patent in Congress misrepresented and magnified. All sections, the most opposite in the profession, the spinal ice-bag enthusiasts in England, the admirers of the lancet in typhus, and the dogmas of *stare super vias antiquas* in hebdomadal literature, the journals of the cheap wine trade and secret chloroform and treacle nostrums which pay hundreds of pounds for advertising in legitimate journals, all join Dr. Richardson in these rhapsodies; all agree in denouncing the Americans for claiming any virtue in "Etherization"

and Boston in particular; nay, what is more, will never permit a correction of manifest errors, only in their own way, or in a half way, when the error has had its day; and just as Jenner was denied all honor for vaccination at our London College of Physicians, and Sydenham was denied its fellowship while dukes and lay lords were made fellows, so the name of Morton is derided; this may do for Carmichael Essay adjudications in Dublin, but it scarcely consorts with a judicial inquiry as to what America has really done.

#### TEMPORARY BLINDNESS, FOLLOWING AN ATTACK OF INTERMITTENT FEVER.

Translated by D. F. LINCOLN, M.D., Boston.

The patient was a robust young man, aged 19. When first seen by the physician, he was lying in violent clonic convulsions, entirely insensible; the body was sweating moderately, the pulse was 110, the pupils reacted slightly. He had been suffering during the previous fortnight with intermittent tertiana postiponea; the attacks, however, had never reached the intensity of the one in question. The bystanders thought the man was dying. The symptoms being apparently referable to the "chill," which had made its regular appearance on that day, and had already passed into the sweating stage, a favorable prognosis was given. Three hours later, the patient was found in the full possession of consciousness, bathed in perspiration, and weeping bitterly at the loss of his eyesight. He said he had seen nothing since coming to his senses. The pupil reacted distinctly to light; but the power of vision was reduced to a feeble perception of the light of a candle. Ophthalmoscopic examination gave a completely negative result; no pathological changes being visible either in the fundus or in the media. In view of the origin of this condition, it was thought best to administer a strong dose of quinia. The patient remained five hours longer in the same condition, then fell asleep (about 6 A.M.), and when he awoke the power of vision was completely restored. How much the quinia had to do with the favorable result, must remain uncertain. Pigmentary embolism of the arteria centralis retinae, with consequent transitory disturbance of nutrition, is suggested as a possible cause. (Reported by Dr. Dutzmann, in the Wiener Med. Presse, June 26.)

CASE OF MONSTROSITY WITH TRANPOSITION OF THORACIC AND ABDOMINAL ORGANS.

By W. H. TRIPPLETT, M.D., Woodstock, Va.

ON May 10, 1870, was called to a mulatto infant, two days old, for a large tumor on the back of the head, which the mother wished removed by surgical operation.

The child was not well grown; not exceeding five lbs. in weight. Tumor was quite as large as the child's head, very tense, and marked with a deep seam nearly longitudinally, and in appearance resembling very strikingly an immense "water-fall."

Careful manipulation made out a firm unyielding line of bone, the margin of a large opening in the skull occupying the region of the "posterior fontanel." It evidently contained fluid and quite probably brain substance—hydrocephalocele.

The eyes looked a little popped, but it took the bottle very well, and there was no paralysis or convulsive movements. The child survived thirty days and died.

Some days before death the tumor ulcerated and discharged quite a quantity of water, still retaining considerable bulk made up of brain-substance and its envelopes.

On June 8 it died, and I secured the body. It had not grown any since birth.

On opening up the sac, it contained a large amount of brain, perhaps nearly one half of the cerebrum, and some water. When the thoracic and abdominal cavities were opened, the order of the viscera was exactly reversed; there was a complete transposition of the organs; those that ought to have been found on the right side were discovered to be on the left side, and vice versa. The liver was swung to the left side of the diaphragm and buried in the left hypochondrium; the spleen was on the right side. The pyloric end of the stomach, with the duodenum, pancreas and jejunum were turned completely about to keep up relationship with the liver.

The colon was reversed, the cæcum occupying the left iliac fossa, the sigmoid flexure passing over the right.

The right spermatic vein emptied into the right renal vein, and the left spermatic into the inferior cava.

There seemed to be a complete transposition of the abdominal organs. When the chest was opened the same state of things was noticed.

The heart was on the right of the sternum, the pericardium being extensively attached to the right diaphragm, as it is to

the left diaphragm when the heart is in normal position—the greater part of the base being on the right of the central tendon. The right lung had two lobes instead of three, the left had three instead of two lobes.

## Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.  
CHARLES D. HOMANS, M.D., SECRETARY.

MAY 9th.—*Stricture of the Rectum.*—Dr. FIFIELD said that during a recent visit to New York, his attention had been drawn, by some remarks of Prof. Charles Budd, to the subject of stricture of the rectum. It was of the annular stricture, and not of that produced by malignant disease, that his remarks would be made.

Such stricture is to be found in all conditions of life, among rich and poor and at all ages. At Charity Hospital, Blackwell's Island, cases could always be found as well as at other hospitals of the city. Attention being called to the condition of the rectum by the complaint of obstinate constipation, a firm ring of cartilaginous hardness is found, craggy with elevations and depressions, when viewed by speculum, white and bleeding easily. This is evidently a deposit of a new material possessing a low vitality with a constant tendency to destruction by ulceration, and this in its turn succeeded, it may be believed, by a cicatrical tissue.

Following the affection of the rectum comes the destruction of its walls, and the occurrence of recto-vaginal fistula which is irremediable by any known means. To the constipation succeeds a symptom which might often lead an inattentive observer to believe in the existence of dysentery, viz.: the occurrence of repeated discharges (from three to twelve a day) of pus mingled with mucus and blood, attended with some tenesmus. Attentive investigation of the history of the case will soon, however, set the practitioner right. With all the discharges the patient may have one or two solid feculant motions, in no ways different in color or consistency from those of health. These are often attended with severe pain.

The discharges of pus, for so an examination shows them to be, are peculiar in their occurrence. They come at somewhat regular periods, take place suddenly and no effort of the will is sufficient to resist them. The rectum has become a reservoir which will contain so much only, and then overflows.

Although the point has never been alluded

to by any writer or discussed by any society, Dr. Fisfield believed that the craggy annular ring tended after a time to disappear, leaving eminences which give to the touch the feeling of currants, and might be mistaken for internal piles. Broad ulcers are also found, which continue to pour forth pus and are intractable under any treatment. He had seen two such cases. A dispute has existed between two eminent writers as to whether this disease was or was not confined to the male or female sex. Dr. Budd has seen it only in females, and he is confirmed by Dr. Henry S. Hewitt, of New York, one of the surgeons at Charity Hospital.

Mr. Curling, in his work on Diseases of the Rectum, evidently alludes to this disease, although, as will be presently shown, he has not grasped its true cause. Mr. Curling says, "There a peculiar form of stricture of the rectum not generally known, or fully understood. In cases of the disease the interior of the rectum is abundantly studded with small excrescences, arising from partial hypertrophies or irregular growths of the surface and folds of the mucous membrane. The sensation communicated to the finger, passed into the rectum, is remarkable, the surgeon feeling a number of rough irregular eminences, more or less hard, thickly lining the surface. The stricture is situated further from the orifice than in ordinary cases, usually at a distance of three inches. This disease is attended with a profuse discharge from the rectum of pus mixed with slimy matter and blood. There is not only painful tenesmus before a feculent evacuation, but a frequent and urgent desire to void the pus and mucus which collects in the bowel. This was so frequent and so pressing in the case of a gentleman under my care, that he was unable to go into society, ride in a public conveyance or travel by rail."

Dr. Fisfield stated that a person under his own observation was obliged to wear napkins to receive the discharge, so completely was it beyond control. Mr. Curling goes on to remark that "this form of stricture occurs chiefly in women;" he has met with only one case in a male. The disease has been noticed by Sir Benjamin Brodie, who also observed it in women, especially those who had borne children. (London Med. Gaz., vol. xvi.) An incomplete paper, giving a short account of this peculiar form of stricture of the rectum, by the late Mr. Collis, was published in the Dublin Quarterly, in Feb., 1854. In this paper there is a table of sixteen cases, and it is remarkable that thirteen of them were males. Mon-

Gosselin, in a paper (*Archives Générales de Médecine*, Dec., 1854) gives an account of twelve cases, all females. In three, the parts were examined after death. He has shown that "an ulcerated state of the mucous membrane above the stricture is the chief source of the purulent discharge." Dr. Fisfield said that the domain of syphilis was yet a very partially explored one, and seemed ever to stretch forward before us; that as lesions of the brain, heart, liver and lungs, had now become familiar to us as the result of syphilitic infection, so he believed we should yet be obliged to own it as the cause of lesions of other parts where its influence had hardly as yet been suspected. In regard to the form of stricture of the rectum which we had been considering, Prof. Budd has stated his belief that every such case is a manifestation of syphilitic infection. The same view is held by other surgeons connected with institutions to which persons so afflicted are prone to resort. This truth has been suspected for a long period, but not brought prominently forward into broad light, and the authority of Mr. Curling has been exerted to abolish the thought of connecting one with the other. Mr. Curling says that the tubercles, scirrhosities and internal condylomata of the rectum, described by Desault and Delpech, were nothing more than the eminences of which he himself has given a description. Desault believed them due to a syphilitic origin. This, says Mr. Curling, was also the belief of Gosselin, but he (Mr. C.) sees no evidence in the cases seen by himself, or in those of Mr. Gosselin, to connect them with syphilis either local or constitutional. M. Gosselin supposes an inflammation, resulting from a primary sore, spreads to the rectum and gives rise to this peculiar affection. This explanation, Mr. Curling says, will regard with satisfaction. Dr. Fisfield thinks it may, now, from the testimony of many competent observers, be considered as a result of constitutional syphilis. Treatment of this affection, except so far as constitutional means can affect the whole system, may be considered useless. In regard to the local effects of the disease, such as recto-vaginal fistula, they have as yet proved incurable. Such at least is the testimony of those who have had the best opportunities for observation. In the early stage of the stricture, the dilatation by the gentle use of bougies may effect good results, but it must be persisted in for a very long time.

What is true of stricture of the rectum will, Dr. Fisfield thought, prove true of stric-

ture in other parts. At a recent meeting of the Royal Medico-Chirurgical Society the question was asked, "How far is the resilient stricture of the urethra connected with constitutional syphilis?" showing that the thought has already arisen that all strictures of the urethra are not to be referred to as the effect of repeated gonorrhœal inflammations or to injuries inflicted on the canal. Strictures of the oesophagus when non-malignant are probably the effect of syphilis. A remarkable case of this may be found in the last number of the American Journal of Medical Sciences. In this case the operation of gastrotomy was performed with a fatal result.

JUN 13th.—*Cuneiform, Spiroidal, or V-Shaped Fracture of the Tibia.*

Dr. Hodges exhibited the specimen, and said he believed the attention of the Society had never been called to this fracture. He did not think one had ever been shown, or that either their Museum, or that of the Medical College, contained an example of it. Besides those fractures to which the lower part of the tibia, in common with the rest of the shaft, is liable, it appears to be frequently the seat of a solution of continuity, first described by Gosselin in 1855, interesting on account of its regularity, the peculiar line of the fracture, and the gravity of its prognosis. It occurs usually at about the junction of the middle and lower third. Both tibia and fibula are broken, but the fracture of the fibula is of secondary importance. The break in the tibia is neither transverse, oblique, or dentated, but spiral, both upper and lower fragment presenting the form of a V, the apex of which points downward. From the apex of the V in the lower fragment a crack runs downward, either spirally or obliquely, but always in the same general direction, and winds around the shaft until it reaches the tibio-tarsal articulation, into which it penetrates. Although the wedge-like form of the break, and its action in any movement of torsion, would seem to explain this longitudinal splitting, the mechanism of the injury is still a matter in dispute.

The signs of a V fracture are not distinguishable from those of other fractures of the lower third of the tibia, and they are rarely diagnosticated; but a great projection of the upper fragment, with tenderness and swelling at the ankle, should put the surgeon on his guard as to prognosis. The pointed prominences of the shaft often penetrate and break up the spongy tissue or medullary cavity of the bone, and the complications which ensue are sometimes ex-

ceedingly severe. Inflammation of the medullary canal, suppuration of the ankle joint, and pyæmia not unfrequently follow. It was at first asserted that this fracture always rendered amputation necessary, whether it was or was not accompanied by a wound of the soft parts. Recognizing in either case the same lesion, Gosselin remarked that "he was almost disposed to say that the complication of a wound was a piece of good fortune, since it spurred the hand of the surgeon, and made amputation, which alone could save the patient's life, obligatory." Experience, however, has not justified this desponding opinion. The fracture is generally recovered from, but a long time is required for its consolidation, and a stiff ankle is pretty sure to supervene.

The patient from whom the specimen shown was obtained, illustrates in the history of her case most of the points which have been alluded to. She was an intemperate Irish woman, st. 37. The accident occurred February 13, 1870, and was caused by getting her foot into a hole in the frozen ground. While her foot was in this position a movement of torsion was made, and the leg was broken. She would have fallen to the ground had not some friends caught her. She was carried a distance of half a mile to her home. On examination the tibia was found broken at its lower third, and the fibula near the ankle-joint. There was no external wound but little displacement. Within twenty-four hours great swelling ensued, followed by abscesses and gangrene, superficial in parts, but causing the loss of the toes, the protrusion of the broken fibula at the ankle, and of the tibia in the shin. The constitutional symptoms were severe, and for a time the patient's life was in great danger. The judicious treatment of Dr. Whittemore, of Marblehead, under whose care she was, carried her through the stage of active inflammation, and on May 9th she was removed to the Massachusetts General Hospital for amputation. This was performed, thirteen weeks after the accident, through the middle of the leg. A good recovery followed.

The exposed portions of the bone exhibit the progress of necrosis, but the V-shaped fracture and the spiroidal fissures, especially that into the ankle joint, are clearly traceable in the parts preserved. The bones forming the ankle joint reveal the severity of the inflammation by their necrosed condition. The attempt at repair masks to some extent the lines of fracture, but the identity of these with those shown in the figures given by Richard is still apparent,

and confirms the justice of his remark as to the great similarity which different specimens of this injury present: "qui a vu l'un a vu les autres."

## Medical and Surgical Journal.

BOSTON: THURSDAY, AUGUST 18, 1870.

### A WARNING OF DANGER.

We are glad, while we reproduce the letter of Dr. Derby to the City Government of Boston, to call the attention of the profession to the great sanitary grievances which even now exist in various parts of our city; hoping that by the influence which our medical brethren may exert, the City Council will be induced to take the necessary steps for abating the nuisances complained of, or forced to bear the responsibility themselves.

COMMONWEALTH OF MASSACHUSETTS.

STATE BOARD OF HEALTH, {  
BOSTON, July 7, 1870.

To the Mayor and Alderman, Health Commissioners of the City of Boston:—

The State Board of Health desire respectfully to call the attention of the health authorities of the city of Boston to the fact that the owners and keepers of tenement and lodging houses are not complying with the provisions of an act of the legislature of 1868, and chapter 281 of the general statutes of Massachusetts. A large proportion of the unfortunate poor are crowded into buildings whose construction sets at defiance the laws of health, whose yards and privies are filthy in the extreme, and whose general condition is such as to render them liable at any time to become centers from which pestilence may extend in every direction.

Very respectfully your ob't servant,

GEORGE DERBY, M.D.,  
*Secretary of the State Board of Health.*

The Board of Consulting Physicians spoke the sentiment of every medical man in our community in their communication\* to the City Government, when they called their attention to the want of sanitary care among us at the present day. While acting as an inspector at the time of the threatened invasion of cholera four years ago, we took occasion to make a report of

some nuisances in our tenement houses and in certain overcrowded sections of our city. It is briefly and thoroughly expressed by the Consulting Physicians in one paragraph of their communication. They say:—"There are, in all parts of Boston, filthy back-yards, alleys and passage-ways, broken-down and overflowing vaults, and, in the older portions, disused wells and cisterns, which are receptacles for dirt. All these nuisances should be reformed."

Within a few days, we have visited some of the same quarters, with a view to ascertaining their present condition. It is almost identically the same as we found it to be in 1868, being only changed by the accumulation of filth which four years have added to the stock.

"Our tenement-houses are in a condition discreditable to a civilized community. It is only necessary to visit Friend Street Court, or the Crystal Palace, in Lincoln Street, for any citizen to see under what desperate circumstances the occupants of these, and hundreds of other similar houses, are compelled to live. Their rents are enormous, and their condition calls for the relief which the legislature of 1868 intended to afford them through the Tenement-House Law."

The condition of some of our streets is far from what it should be. We heartily concur in the opinions expressed by the Consulting Physicians on this subject. We look in vain for the cleanly condition which the daily flushing of the gutters and sewers of Paris gives to that city through the summer months, and for the excellent condition of most of the large cities of Europe. It is with such cities our comparison should be made, and not with the less cleanly portions of our own country.

We have, within a very short time, had our attention called by patients and others to vaults and privies, whose condition is such as to demand immediate and active interference on the part of our authorities. Between two of our respectable streets, in the south part of the city, is a range of open vaults, imperfectly protected, and, in some cases, in an almost ruinous condition, which for the past two months have been in such a state as to necessitate the closing of the windows of whole ranges of houses for

\* City Document, No. 43, 1870.

hours together. In the rear of a building, recently occupied by one of our public institutions, are vaults which have been the cause of great inconvenience to the inmates for the whole summer, filling the house with a stench suggestive of anything but the pure air which such an institution demands. These are but samples of cases which are every day brought to the attention of our practising physicians.

It may seem a matter of small moment, but it has long been very apparent to us that the manner in which the refuse of the city is gathered and removed is a crying nuisance. The decomposing masses in our city carts, standing as they do exposed to the rays of the sun for considerable periods, give forth volatile acids which are certainly very offensive and must have a deleterious influence on the neighborhoods. A few days ago we noticed this very disagreeable stench, and, on investigating the matter, found that the offending cart was three squares away, and was thus poisoning the atmosphere over a very large space.

We have mentioned the responsibility which the City Government bears in this matter; we certainly feel that it is one of no light moment. We are told by the physicians of the Dispensary, whose walks carry them among the poorer classes, that, this year, they see a large number of intestinal diseases among children, and we know ourselves that in the various classes of patients there is a great tendency to such disturbances of the alimentary canal. The great heat of the present season, the frequent showers of June, the drought of July and August, and the large amount of immature fruit in our markets, have had their influence in bringing about this result; but it is, especially, among our poorer citizens that we see intestinal troubles in their severest forms. Can we ascribe the predominance of this class in our mortuary records alone to the condition of the atmosphere, to the fruit, or even to the known carelessness of these people in guarding themselves and their children? Is it not rather to be charged to their crowded, incommodious, and, too often, filthy dwellings—and are we not responsible, to a certain degree,

that such abominations are allowed in our very midst, as some of us see every day in our professional circuits? It is certainly a significant fact that, for the past four weeks, of 763 deaths in the city of Boston, 478 of them were of children below 5 years of age; and that 338 of the whole number died of intestinal diseases. It is not a light responsibility to bear, when it is considered that in this manner we lose so large a number of our citizens of the future, and that a certain proportion of these die from a want of sanitary precautions.

We have thus touched on a few of the evils which may be brought on a community by the thoughtlessness of a city government; thoughtless, it may be, when the safety of our citizens is not at stake, but it should be characterized by a much stronger word, when interests of a momentous character are involved. We trust our brethren will exert the influence which they possess on our City Fathers for the increase of sanitary care.

The following are the concluding paragraphs of the communication from which we have already quoted, and which are in accordance with our own views:—

"These reforms require an outlay of money, but we believe they would prove to be good investments, and that a true economy demands them."

"The money value of human life to a community is real. A destructive epidemic is expensive. Moreover, a clean and unquestionably healthy city, such as Boston might be made, would have attractions for permanent residents and transient visitors which could not fail to favorably affect its commercial interests."

"It might also well be an object of pride with every citizen to furnish in Boston an example of public cleanliness and public health which other American cities would imitate."

**CONGESTION FOLLOWING THE LIGATURE OF ARTERIES.** By Dr. BROWN-SEQUARD.—In 1868, M. Prout announced to the Society of Biology that the kidney became congested when the renal artery had been tied. M. A. Moreau also stated that he had obtained a similar result in the spleen and the intestines after the ligature of the sple-

nic and mesenteric arteries.\* More recently, M. Teillaud, in an interesting thesis,† reports that he ligated the vena porta in a dog and found, two hours and a half after, that the liver was very much congested.

I have made a variety of experiments, for some time past, on the influence exerted by the ligation of arteries of the limbs and the viscera on the quantity of blood contained in the different parts of the body. In these experiments and in others which I have recently made on dogs and rabbits, the result has been that, whenever the arterial sources of circulation have been entirely or almost entirely cut off, in the kidney, the spleen and a portion of the intestine, these parts have been congested to a marked degree. I have obtained a similar result in the liver, after the ligation of the vena porta.

These facts are analogous to many others, well known in themselves; for instance, the return of the blood by the lower portion of an artery which has been ligated (carotid, aorta, femoral) and opened beyond the ligation (that is, from the end separated from the heart); and the elevation of temperature which takes place, at times, after the application of a ligature to the principal artery of a limb. Some time since I gave an explanation for these facts, which has now been generally accepted.‡ Knowing that the arteries are supplied with numberless vaso-motor nervous filaments, I expressed the opinion that the ligation of an artery paralyzes the nerves which accompany it and produces, consequently, a paralysis of the ramifications of this vessel; whence it follows that the blood of the collateral vessels, finding a way open in the parts supplied by the ligated artery, flows in that direction, causing congestion and an elevation of temperature. It is necessary to explain in another way the case of the ligation of the renal or splenic artery. I have been able to experiment on the kidney and the spleen, in such a way as to prevent entirely the flow of arterial

blood. In the kidney, for example, after having separated the cellular tissue, I isolated the ureter and the renal vein, and then ligated the remaining vessels entering the hilum. In these experiments, the blood could only reach or leave the kidney by the renal vein. After the ligation, the kidney increased in size, and when I had cut the renal artery between the ligature and the organ, there was a hemorrhage which lasted eight or ten minutes while I allowed the animal to live. There is, then, no doubt that a reflux of venous blood takes place—at least in the abdominal viscera—whenever the principal artery has been ligated, or, as in the liver, whenever the principal afferent vessel has been tied (vena porta). It is easy to see how this reflux takes place; the blood in the entire body is submitted to a considerable pressure during life, a pressure which the elasticity and contractility of the distended vessels constantly tends to diminish. If a paralysis of the vaso-motor nerves exists in an organ, for instance the kidney, and if the *vis a tergo* of the blood has ceased on account of the interruption of the flow of blood in the arteries, it is very clear that, finding less resistance in the vessels of this organ, the blood flows there and causes congestion.

The same fact is not observed in cases where other vessels furnish blood to the organ whose artery has been tied. Here the venous reflux does not account for the congestion; but although the circulation continues in the ordinary sense, that is, from the arteries to the veins, it happens that the quantity of blood passing, in a given time, through the part where the paralysis of the vaso-motor nerves exists, is less, at the time the vessels are larger and contain consequently more blood, and this, moreover, at the time when it is charged with carbonic acid. This is, without doubt, one of the causes of convulsions and of other nervous troubles which have been observed immediately or soon after the ligation of one of the primary carotids in man.\*

\* Comptes Rendus de la Société de Biologie, 1868, pp. 223, 224.  
† De l'Ulcère Chronique Simple du Duodénum. Thèse de Paris, 1869.

‡ Brux; Des Anévrismes et de leur Traitement. Paris, 1866, p. 565.

\* In connection with the disturbance of the brain thus mentioned by M. Brown-Séquard in the Archives de Physiologie, it is interesting to note the remarks of Dr. Lidell, in the Surgical Memoirs of the War of the Rebellion, when speaking of injuries to bloodvessels:—  
"Concerning the softening of the substance of the

WE are favored this week with a communication from Dr. Kidd, of London, Eng., which presents his views on a subject of interest to our readers. Dr. Kidd is best known in this country as the Editor of the "Mirror of the Lancet," the author of a work on anæsthetics, &c. &c.

From the last report of Dr. Edwin M. Snow, the Superintendent of Health and City Registrar of Providence, R. I., we make the following extract:—

"The number of deaths in Providence, in July, was considerably larger than was expected, and shows, unmistakably, the effects of the great and continued heat we experienced during the greater portion of the month. The increase of mortality in July, over the corresponding month of last year, was almost wholly in the deaths from cholera infantum, a disease of quite young children. There were 22 more deaths last month than in July, 1869, of which increase the deaths from cholera infantum were 20. Of the 42 decedents in July from cholera infantum, 14 were of American and 28 of foreign parentage; of the 79 decedents under 5 years of age, 31 were of American and 48 of foreign parentage. \* \* \* \*

"The record of mortality in July confirms the opinion we gave a year since that the use of fruit and vegetables has no influence upon the increase of mortality among children during the summer season. Of the 49 decedents from summer complaints in July, all but three were under 2 years of age, and only one was between the ages of 2 and 12. There can be no doubt, judging both from common sense and from statistics, that the use of fruit and vegetables, in their season, must be conducive to health.

"From information received from various quarters, it would seem that the extreme drought of the month has given rise to considerable dysentery of a severe type in country places. Though we have had a considerable increase of mortality, the country portions of New England, including some places noted for their salubrity, and even some of our summer shore resorts, are much more unhealthy at the present time than the city of Providence."

brain which so frequently follows ligation of the common carotid artery, we ought to say that it bears a strong resemblance in its origin and nature, at least in many cases, to consecutive gangrene occurring in the extremities; and the author is of the opinion that it would be useful in a practical point of view to call it *consecutive gangrene of the brain*."

**PROF. STRICKER ON THE QUESTION OF INFLAMMATION.**—This question, so important in relation to pathology and medicine in general, occupies at this moment the attention of two of the most rising German physiologists—namely, Prof. Cohnheim, of Kiel, and Prof. Stricker, of Vienna. They stand in diametrical opposition to each other, and the pivot upon which the question rotates involves a question of no less importance than that of "humoral or cellular pathology." Cohnheim is the champion of the first, and consequently rejects the teachings of Rokitansky, Virchow, Billroth, &c., on this point. Stricker, on the contrary, advocates the latter, and endeavors to reinstate the authority of those pathologists. We subjoin, therefore, an abstract of an address relating to this subject, recently delivered by Prof. Stricker before the Medical Society of Vienna.

I shall shortly supplement, says he, my views expressed last year on the inflammatory process by the results of further researches, but I have special reasons for making in the meanwhile the following statements:—

I have again experimentally and carefully examined the inflamed cornea of a frog, and the results of this examination enable me to declare that the inflammatory alterations of the corpuscles of the cornea may, as I formerly stated, be ranged among the best demonstrated facts with respect to cellular pathology.

Pathologists will at once perceive the scope of such a statement. I must, nevertheless, express more precisely the principles I have in view. According to the earlier teachings of cellular pathology, the following propositions may be laid down:—

The life of an organ is the expression of the form-elements of which it is composed. Disease designates merely a phenomenal mode of life.

When we say an organ is diseased, we indicate thereby that its vital processes are abnormal.

With reference to the first proposition, we indicate also thereby that the life of the form-elements equally deviates from the normal condition.

These fundamental conditions have been contradicted by Cohnheim as regards the cornea.

If, argues Cohnheim, those cells of the cornea not directly affected by irritation, are, as living organisms, not impelled to an abnormal life, then the above principles cannot stand; then we must differently define that disease of the cornea which phy-

sicians call inflammation; then this disease is no longer the expression of another phenomenal mode of life.

If keratitis, under certain circumstances, signifies only a cornea clouded by foreign immigrants; if after the removal of the intruders the previous conditions are reinstated in their full integrity; then the principles of cellular pathology are no longer applicable.

If, further, as has been done, the dogma of Cohnheim is generalized, then the principles of cellular pathology are generally no longer applicable.

I have made a stand against such conceptions by showing that the cells of an inflamed tissue exhibit an altered mode of life, that they return to an embryonic condition, that their nuclei increase, grow, become amoeboid and multiply. My late researches fully confirm these statements; I cannot in this place enter at length into these researches. I will nevertheless indicate a means by the aid of which professional men who, perhaps, may not be practised experimentalists, may by the application of the microscope convince themselves, at all events, of the most important point—namely, that in intensely diseased spots of the cornea mere traces are found of the normal corpuscles, and that smaller more nucleated elements have supplanted them.

Cut out the cornea of a healthy frog, bathe it for about ten minutes in a half per cent. solution of chloride of gold, place it in acidulated water, remove, after a few minutes, by gentle shaving, the anterior epithelium; replace the cornea in the acidulated water, and examine the preparation after a day or two, and you will convince yourself of the normal arrangement of the corneal corpuscles in this animal.

Immediately after cutting out one cornea, pass a needle with a strong double hemp-thread through the centrum cornea of the other eye and its sclerotic, knot the thread, and cut it short. After two or three days, cut out this cornea also, and treat it as before. The anterior epithelium is here more easily detached by pincers as a whole lamina than in the healthy cornea. It is equally easy to detach the membrane of Descemet. The rest of the preparation—namely, the substantia propria—is then in glycerine, during the first few days at least, so transparent that no even moderately practised microscopist can find any difficulty by means of rather high powers (No. 10 Hartnack) in examining it in all its depths. Should this method as regards the depth dimensions not prove sufficiently satisfac-

tory to any one, let him tear the propria into lamellæ, and examine them separately. Let him first with a low power search out the spots in which the form-elements in their strata are most thickly arranged. I must leave it to the judgment of the professional inquirer to draw from the examination of these spots such inferences as may be generally deduced.

Should it, in spite of these spots, be asserted that the old corneal corpuscles were covered, and could not be seen, then I must—apart from the circumstance that such an objection would not be admitted by a practised microscopist—admit to the fact that it was just the discovery of old corneal corpuscles amidst the thickest crowd of pus corpuscles which first impelled Cohnheim not to regard the former as the source of suppuration. If, now, the old corpuscles cannot be detected in certain spots, then the "impelling momentum" vanishes.

As I here address a large public, I must abstain from entering upon the method of research which has enabled me to prove the cell-division, and also that the corneal corpuscles become amoeboid. Such methods will always remain the property of a very limited circle of inquirers.

So long, therefore, as these questions are contradicted, I can do nothing but wait until competent and unprejudiced inquirers take up this subject. But the illustrations, which are now ready, and to which I again refer, are accessible to a larger circle, and I fully expect that they will confirm my statements.

The results of further researches will appear in another place. This much I may say, that the same principle, the growth and the increase of cells, show themselves in all inflamed organs. We cannot at present cultivate the pathology of the tissues without acknowledging this tenet.

In a former treatise I passed with one step beyond the doctrines of cellular pathology. I tried to demonstrate that disturbed circulation and exudation of fluid, shapeless, and shaped constituents of the blood, play an important part in the chain of inflammatory phenomena. In this direction I have also advanced, or, to speak more correctly, retrograded. I must at present range stain among disturbances of the circulation, and I shall, in the proper place, produce the necessary proofs for this view.

As it was my intention to give this day only a summary, I must confine myself to a simple indication, from which, however,

you may infer that I conjoin two historically separated theories long held to be incompatible. I accept again the symptoms of inflammation as taught by Rokitansky. I say that inflammation includes redness, stasis, and exudation, and I leave this old exposition at the point where the progress of the cellular theory has led us to securer roads. With exudation I combine the processes in the cell-elements, as taught, and we may assume will still be taught, by Virchow. I moreover see with pleasure that there obtains a disposition logically to conjoin one part of the teachings of Rokitansky with one part of those of Virchow. I see also with satisfaction that the theories of successive systems, which were successively adopted and successively rejected, are now looked upon as reconcilable.—*Lond. Med. Times and Gazette.*

**LARGE SCROTAL HERNIA REDUCED, BUT STRANGULATED BY THE MESENTERY.**—Mr. S. Messenger Bradley, in a letter to the Editor of the London *Medical Times and Gazette*, writes as follows:—

"The mistakes that a man makes are often more valuable experiences to him than his most brilliant successes, and for a long series of years stand out as clear and distinct landmarks, guarding him from any danger of repeating his error. Of course we must admit that it is 'bad for the coo' that comes in the way of the blundering train of thought, but it is none the less valuable experience for the driver. It is because there seems to me a lesson to be learned that I briefly record the following sad case of surgical mistake.

"On June 8th I was requested by a surgeon to see a case of strangulated hernia with him. On our arrival I found the patient, a powerful man of 40, suffering from a scrotal hernia as big as a small watermelon, and which, he stated, had been down for twelve hours. The man had been ruptured for fourteen years, but had always been able to reduce the hernia until the preceding night, when it came down very suddenly, while he was lifting a heavy weight, and was at once accompanied by a good deal of pain. He had vomited three or four times, but not stercoceously. The tumor was not very tense, and there was slight impulse on coughing. The surgeon whom I accompanied commenced manipulating it, and from the gurgling and general feel of the tumor thought it could be returned. He consequently persevered with the taxis for about a quarter of an hour,

using very moderate force, the tumor gradually diminishing the while, with much gurgling, and finally entirely disappeared. On coughing it did not return. The man said he felt slight pain, when he was questioned, but did not complain.

"The following morning I received a message from the surgeon, who wrote from the patient's house, requesting me to see the man at once. On my arrival he was dead. His wife told us that he had had a good day, but complained from time to time of slight pain. He had remained at home, and went early to bed. He awoke her at five, saying that he had terrible pain in his bowels, and remained tossing about till eight o'clock, when he sent for his doctor. At half-past eight he died. He had not vomited up to the last minute of life, when he threw up some semi-digested food.

"At a *post-mortem* examination we found that the hernia consisted of about two feet of small intestine, which had forced its way through a rent in the mesentery. The entire mass had been returned into the abdominal cavity, the constriction remaining unreduced. The strangled gut was black, but shiny, and the abdominal cavity contained about a pint of blood and serum. The gradual way in which this hernia was returned, accompanied as it was by the sound of gurgling, and the almost entire absence of symptoms of strangulation following the operation, render the case instructive, and point to the absolute necessity of carefully watching cases of hernia for some time after the taxis has apparently been successfully employed."

**PATHOLOGY OF THE "BRIDGE CASES."** By Dr. LEWIS BAUER.—In building the Mississippi bridge, at St. Louis, many of the men working at the piers, or beneath them, have been stricken down with paraplegia and other disorders and symptoms, and four of them have died. Most of the patients, however, have recovered. Those who have died have exhibited evidence of severe inflammation of the brain and spinal cord, and their membranes.

By the manner of construction of the piers the men have been compelled to work in an air-chamber beneath the masonry as the whole was being sunk through the sand to the rock below, the air of which it was necessary to keep at just that pressure which exists in a diving-bell at that depth. The distance below the low water mark which this chamber is forced down, is about 100 feet, 80 of which is through sand; so

the workmen have, toward the close of the sinking of each pier, been compelled to labor under a pressure of about 60 pounds to the square inch of surface, or four times greater than normal to the human body.

Paraplegia is well-marked in every instance, from a slight paralysis of motor power to perfect paralysis of both motion and sensation. Numbness usually prevails; notwithstanding this, shooting pains from the spinal cord down are sometimes felt, but they, with all the hyperesthesia, wholly cease in the paralyzed limbs.

The spine is always tender; pains in the muscles of the shoulders and chest continue for days after other symptoms disappear. The bladder loses its expulsive power early in the attack, and the urine in a day or two undergoes alkaline decomposition, and often contains blood. On supervention of paraplegia sensation becomes lost, and the patient may be scalded or burned without pain. Respiration is always disturbed. Previous to death the patient becomes apathetic, stupefied, and comatose. The pulse rarely exceeds 105 per minute. A *post-mortem* examination in one case showed nearly all the veins dilated and filled with dark tarry blood; great vascularity of the membranes of the cord and brain; a large amount of serum in the arachnoid space. The substance of the brain was changed, and that of the spinal cord, in places, was softened to a pulp, and nearly or quite all the glandular organs showed great vascularity and congestion.

Microscopic examinations showed that the softening of the brain is due, in part at least, to inflammatory processes.

The doctor sums up the pathology of these cases substantially as follows:—The great disparity between the pressure of the air within the chamber and the power of the gases and fluids within the body to withstand it, must be a main cause of the trouble. It is certain the equilibrium between these forces is very hard to effect in the short time required in passing into and out of the "chamber," and hence the system would be extremely liable to disaster. When the quantity of oxygen is proportionately increased in the dense atmosphere beneath the pier, there is hyperoxygenation of the blood, and proportionately increased waste of organic material going on while there. As long as this is going on little injury ensues, but on coming to a rarer atmosphere the power to eliminate this effete organic matter which has accumulated is so reduced that the system suffers from it at once.

I am unable to explain why the lower portion of the spinal cord should be the chief recipient of the poisonous effect."—*Chicago Medical Examiner.*

We observe a reaction from the somewhat intemperate enthusiasm of some of the foreign journals in respect to the late Sir James Y. Simpson. This might naturally be looked for. We subjoin the following, which is quoted by the Dublin Med. Press and Circular.

"Shortly after sulphuric ether had begun to be used for producing insensibility to pain during operations, it was, by way of amusement, tried one evening on a number of persons assembled at the house of Mr. Walker, homeopathic chemist, then residing in Liverpool, but now of Conduit street, London. It was found to be long in producing any marked effect, and in most cases was followed by sickness and vertigo. The operator was Mr. Waldie, the analytical chemist at the Liverpool Apothecaries' Company, and to him Mr. Walker remarked, that as chloric ether, when administered internally, was preferred to sulphuric ether in many cases, because of its not producing sickness and headache, no doubt it would prove a better anesthetic; and that if found not to be strong enough, chloroform, from which it is made by dilution with alcohol, would certainly have the same properties, and should be tried. The experiment would have been made there and then, but the hour was late and the laboratory of the hall shut up, so that no chloroform could be obtained. It would have been useless to have tried elsewhere for it, as at that time it was used only for making chloric ether, and nearly all of that medicine used in Liverpool was made in the Apothecaries' Hall.

"About a month after this conversation Mr. Waldie had occasion to visit Edinburgh, and called on Professor Simpson, whom he found experimenting on various gases as a substitute for sulphuric ether, which he also had found very imperfect in its operation. Mr. Waldie then mentioned that he had thought of trying chloroform, and, as none could be found in Edinburgh, he promised to make some and forward it as soon as he returned to Liverpool. Professor Simpson, however, with his accustomed energy, at once set to work and had some made by his neighbors, the Messrs. Smith, chemists, and Mr. Waldie had scarcely reached home when he received a

pamphlet giving the result of numerous successful trials made with it."

And also this, from the editorial:—

"The magistrates of Edinburgh, in their capacity as delegates to the court of curators, have with characteristic impetuosity and unreasoning zeal been endeavoring to anticipate the national memorial to Sir James Simpson; and, by placing the gown which had fallen from his shoulders upon those of his kinsman, have imagined they were conscientiously discharging a solemn duty in gratifying their own eccentric notions of what is due to the name of Simpson. This is, perhaps, the most charitable view to take of their recent act; and in this aspect it would be sufficiently ludicrous, were it not for the disastrous consequences with which their clumsy enthusiasm is fraught."

**ON THE REPRODUCTION AND REUNION OF DIVIDED TENDONS.** By M. DEMARQUAY.—From the researches of M. Demarquay it results that neither the blood, nor the plastic lymph, nor the blastema, which have been in succession invoked as elements of reparation, play the part that has been attributed to them.

From these researches the following conclusions have been derived:—

1. That the tendon is regenerated by the proliferation of the elements which are found on the internal surface of the sheath of the divided tendon, the two ends of which are retracted.

2. That the external portion of the sheath remains perfectly indifferent during this phenomenon, except it be that the vessels which it supports become more voluminous and increase in number.

3. That the proliferation which takes place on the internal surface of the sheath takes place at the expense of the cellular elements of this part, which at the end of the eighth or tenth day become confounded with the cellular elements springing from the extremity of the divided tendon.

4. That the regeneration of the tendon is so much the more rapid as the sheath of the divided tendon is more vascular; in fact, whilst the tendo Achillia is repaired by the twentieth or twenty-fifth day, the ligamentum patellae requires a more considerable time.

5. That the phenomenon which constitutes the reproduction of tendon is, in all points, conformable to that which takes place in the reproduction of bone from periosteum, a phenomenon which has been well

studied by MM. Flourens, Ollier, and Sébillot.—*Half-Yearly Abstract of the Medical Sciences.*

**A MALFORMATION.** By W. DICKER, M.D.—Miss L. M. B., aged sixteen years, of pale complexion and frail constitution, was of consumptive parentage on her father's side; health only moderate from childhood. Eighteen months since her general health began to decline, with an increase of cough, with which she was always afflicted.

She never menstruated, but monthly phenomena such as pain in the back, with heavings in the hypogastric region, were evidences that the efforts of nature were at work to establish that function.

Her appetite was always pretty good, but the assimilative powers were poor. No diarrhoea since last August. Had night sweats occasionally for the past eighteen months. During the last few months of her life there was green purulent expectoration. But very little difficulty of breathing at any time. In September, 1868, I was requested by Dr. Prichet, her attending physician, to examine her lungs by auscultation and percussion. Configuration of chest: general appearance contracted; development of right side equal to that of the left.

**Examination.** Percussion elicited a dull sound over the entire left lung. Right side unusually resonant. Auscultation confirmed the physical sign of extensive tubercular deposits. At this time no special indications of tubercular softening. Subsequently, however, softening took place, as purulent expectoration was a constant symptom. Heart—its position unusual. In place of left side, strong cardiac impulses were heard on the right side; so strong that its impulses indicated a hypertrophy, or at least an aneurismal heart.

**Autopsy,** twelve hours after death. Present, Drs. Prichet, Cleaveland, and myself. On opening the thorax we found the left lung studded with tubercles, principally of the gray character; some, however, were yellow, and in the process of softening. Lung in left side somewhat larger than usual, but consisting of two lobes as ordinary. No lung in the right side, not even a segment at the bifurcation. Between the largest of pleura the space was clean and beautiful. No lung had ever existed. Heart in the mediastinal space, but in the right side, corresponding to natural situation in the left. Its walls were thickened and cavities somewhat enlarged.

**Remarks.**—It is to be regretted that a

thorough examination was not made. Permission was given to make the examination but a short time before the hour appointed for burial. The malformation consists in but one lung. So far as I know there is not a single instance on record of the kind. The situation of the heart is not to be wondered at. As there was no resistance in the right side, the lung in the left would evidently force it over to the right side.—*Cincinnati Lancet and Observer.*

**A FRAGMENT OF KNIFE-BLADE LODGED IN THE CHEST FOR TWELVE YEARS.**—Reported to the Morgan Co. (Ill.) Medical Society, June 9th, 1870, by J. F. Snyder, M.D., of Virginia, Cass Co., Ill.—J. T., sixty years of age, stout and robust, usually of active habits, suddenly commenced declining in health, without apparent cause. When I was consulted, he had been, as he expressed it, "under the weather for five or six weeks." His symptoms were a troublesome, dry cough, furred tongue, loss of appetite, emaciation, hectic night-sweats, and pain in the right side. Previous to the initiation of this train of symptoms, which he attributed to "catching cold," he had always enjoyed excellent health, "excepting," as he said, "occasional twinges of rheumatism, for the last dozen years, under the right shoulder-blade," whenever he exerted himself at any kind of manual labor.

The chest examined, revealed a portion of the right lung, two or three inches in diameter, just below the nipple, entirely impervious to air, and all the organ below that, very dull on percussion. The left lung was evidently healthy, though overtaxed by its vicarious labor.

The diagnosis suggested was circumscribed pneumonia, originating, perhaps, in the increasing size and consequent pressure of some isolated tubercular mass.

The treatment ordered consisted of stimulating expectorants, mineral acids, and counter-irritants. For four weeks more the case continued without change, save a gradual aggravation of all the symptoms, increased dyspnea, and free expectoration, when one day, in a hard paroxysm of coughing, the patient threw up, from the right bronchia, an ounce or two of pus and a hard substance, which attracted his attention by the force with which it struck the floor. On examining the substance, it proved to be the point of a knife-blade, an inch in length, half an inch in width, and weighing half a drachm. The fragment of steel was much corroded and pitted by oxydation.

The patient now remembered a circumstance he had entirely forgotten—that twelve years before this, in a street fight, at Beardstown, in which himself and several others had been engaged, he had been "stabbed in the back, about the lower point of the shoulder-blade," but as the wound gave him no pain and soon healed, he had no suspicion that any part of the blade had remained embedded in his body. The true pathology of the case was now manifest, and the patient rapidly recovered his health.—*The Chicago Medical Examiner.*

**A NEW ANTI-PERIODIC.**—Dr. Lorinser of Vienna gives, in the *Wiener Medizinische Wochenschrift*, for May 14th, the results of a number of observations made regarding the effect of a new remedy for intermittent fever. The remedy is the tincture of the leaves of the *Eucalyptus globulus*, a plant of the natural order *Myriaceæ*. In 1869, Dr. Lorinser made some experiments, the results of which he published; but he was brought to a standstill by the want of a supply of the medicine. The plant has since been cultivated by Herr Lamatch, an apothecary; and a sufficient quantity of tincture has been made from the leaves to supply a number of medical men in the districts of the Theiss and Danube, and in the Banat. The records of fifty-three cases of intermittent fever in which the eucalyptus was administered have been communicated to Dr. Lorinser; and he gives very brief outlines of each, with the following summary of the results obtained. Of the fifty-three patients, forty-three were completely cured; in five, there was relapse in consequence of a failure of the supply of the tincture of eucalyptus, and quinine had to be employed; two of the cases were not true ague; in one case neither the eucalyptus nor quinine cured; in one the medicine (as well as other remedies) was vomited; and in one the patient would not allow the treatment to be continued. In eleven of the cases, quinine had been used without effect; and nine of these were cured by the eucalyptus. There was return of the fever in ten cases, at intervals varying from one to four weeks; in five of these quinine had to be used in consequence of there being no tincture of eucalyptus, and in the other five the eucalyptus was successfully employed. The tincture is said to be easily made, and to have a pleasant aromatic taste; it acts favorably on the digestive organs. Dr. Lorinser believes that in it we have a valuable remedy for intermittent fever.—*British Medical Journal.*

## Medical Miscellany.

**POSSIBLE DURATION OF PREGNANCY.**—In the course of an action for damages for the seduction of a young woman, the question of the possibly protracted duration of gestation was raised. The alleged father had had no access to the mother of the child later than 301 days before its birth, and he naturally disputed his liability. Dr. Tanner deposed that the ordinary period was 270 to 280 days, but might be exceeded by two, three, or even four weeks. He thought there was no inconsistency in the present case (from April 15th to Feb. 9th—that is, 301 days). He had not known any case himself in which the ordinary period had been exceeded by a week, but he had no doubt there were such cases. He had heard of such. Mr. James F. Clarke deposed that there were cases on record extending over more than 301 days. Sir James Simpson had recorded a case of 310 days. Dr. Barnes deposed that the ordinary period was 271 days. He had known cases of 280 and of 285 days. He thought it very improbable, but did not like to say it was impossible, for gestation to extend over 301 days. It was so improbable that he did not believe it. Dr. Tyler Smith said that the longest period of excess he had known was a fortnight. Dr. Reid—a most acute observer—had recorded forty-three cases of protraction, the longest of which was 300 days. Dr. Smith considered that case as reliable as any doubtful case could be. The verdict was for the plaintiff; damages £300.—*British Medical Journal*.

**A NEW POISON.**—At a recent meeting of the California Academy of Sciences, Dr. Stout presented some specimens of an unknown umbelliferous plant, popularly known as "wild parsnip," which had been sent to him from Ruby Valley, Nevada, by Lieut. Carpenter, of the United States Army. Three men had eaten some of the root; in about half an hour they were seized with vomiting, followed soon by convulsions and unconsciousness. Two of them, who had each eaten a whole root, died at the end of about an hour and a half; the other, who had taken a small portion only, recovered. The symptoms are described by Lieut. Carpenter as resembling, with the exception of loss of consciousness, those of strychnine poisoning: the hands were clinched, the face distorted, and the head thrown back almost under the back of the neck. The plant grows in marshy places, and smells and tastes like a parsnip.—*Druggists' Circular*.

**CIRCUMCISION.**—We observe in the last number of the *Impariziale* a vigorous attack upon the practice of circumcision, from the pen of Dr. Sonsino, who is of opinion that the advantages obtained in a hygienic point of view from the indiscriminate performance of circumcision, are not sufficient to compensate for the ill effects that may ensue; that the principles of medical ethics do not allow of its performance as a prophylactic against venereal affection; and that, as a religious rite, it is deserving of condemnation.—*Nashville Journal of Medicine and Surgery*.

### PERMANGANATES FOR FETID EXPECTORATION.

—An interesting case occurred in the wards of the hospital at Grenoble, under Dr. Charvet. A man of 43 years of age, consumptive, suffered terribly from the offensive nature of his expectoration, which compelled him to be placed in a separate room. Carbolic acid was prescribed, but produced only the slightest effect. Dr. Charvet then tried solution of permanganate of potash in water. The success was very striking, the stench at once being diminished, and in the course of ten days quite removed.—*Medical and Surgical Reporter*.

**M. AMUSSAT'S LITHOTOMY FORCEPS.**—This surgeon has had forceps constructed the branches of which, when in the bladder, may be brought to a right angle with the handles, so as to seize hold of the stone in the fundus. The mechanism consists mainly in a rack worked at the junction of the branches.—*Medical Record*.

**CATHETERISM OF THE LARYNX.**—Dr. Weinlechner, of Vienna, considers catheterism of the larynx, next to tracheotomy, the safest and most rational resort in cases of imminent suffocation during croup and diphtheritis.—*Ibid.*

**TO CORRESPONDENTS.**—Communication accepted:—Case of Impacted Calculus in the Urethra; External Urethrotomy; Recovery.

### Deaths in sixteen Cities and Towns of Massachusetts for the week ending Aug. 13, 1870.

Cities and towns.	Number of deaths in each place.	Cholera Influenza Consump. tion		
		Cholera	Influenza	Consump. tion
Boston . . . . .	158	41	15	
Charlestown . . . . .	15	7	3	
Worcester . . . . .	33	9	7	
Lowell . . . . .	24	4	3	
Milford . . . . .	7	2	1	
Chelsea . . . . .	11	1	2	
Cambridge . . . . .	23	13	3	
Salem . . . . .	16	5	4	
Lawrence . . . . .	9	2	2	
Springfield . . . . .	15	2	1	
Lynn . . . . .	15	7	1	
Pittsfield . . . . .	8	4	0	
Fitchburg . . . . .	2	0	0	
Newburyport . . . . .	6	3	0	
Fall River . . . . .	19	5	4	
Haverhill . . . . .	6	1	2	
	367	106	49	

From all the above places there are reported twenty-four deaths from dysentery and diarrhoea, eleven from cholera morbus, and two from sunstroke.

**GEORGE DERBY, M.D.,**  
*Secretary of State Board of Health.*

**DEATHS IN BOSTON** for the week ending Saturday, Aug. 13th, 1870. Males, 78; females, 50. Abscess, 1—accident, 7—apoplexy, 2—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 1—cholera infantum, 41—cholera morbus, 2—consumption, 16—convulsions, 2—debility, 5—diarrhoea, 12—dropsy, 1—dropsy of the brain, 3—frowned, 2—dysentery, 4—epilepsy, 2—scarlet fever, 1—typhoid fever, 3—gangrene, 1—gastritis, 3—haemorrhage, 1—hip disease, 3—languor, 1—disease of the kidneys, 1—congestion of the lungs, 3—congestion of the lungs, 5—marasmus, 2—menses, 2—old age, 4—paralysis, 1—pelvic cellulitis, 1—premature birth, 4—peritonitis, 1—puerperal disease, 4—disease of the spine, 1—sunstroke, 1—stroke, 1—teething, 1—unknown, 8—whooping cough, 1.

Under 5 years of age, 88—between 5 and 20 years, 7—between 20 and 40 years, 29—between 40 and 60 years, 21—above 60 years, 13. Born in the United States, 118—Ireland, 31—other places, 9.



